



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for District of Columbia, MEDICAID

Children's Dental Services

Preventive Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations |
|--|-------------------------|-------------------------------|----|-----------|---------------------------------------|
| | Yes | Only with prior authorization | No | | |
| Cleanings | X | | | 2 x year | |
| Fluoride treatments (including fluoride varnishes) | X | | | 2 x year | |
| Sealants (list any tooth-specific limits) | X | | | | |
| Space maintainers | X | | | | |



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Diagnostic Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Recommended age of first visit? |
|---------------------|-------------------------|-------------------------------|----|--------------|---------------------------------------|--|
| | Yes | Only with prior authorization | No | | | |
| Dental examinations | | | | | | |
| | X | | | 1 x 6 months | | Within 6 months of eruption of first tooth |
| X-Rays | | | | | | |
| Bitewing | X | | | | | |
| Full Mouth | X | | | | | |
| Panoramic | X | | | | | |



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Treatment Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
| | Yes | Only with prior authorization | No | | | |
| Fillings | | | | | | |
| Silver amalgam | X | | | | | |
| Tooth colored composite | X | | | | | |
| Crowns/tooth caps | | | | | | |
| Stainless steel crowns | X | | | | | |
| Metal (only) crowns | X | | | | | |
| Metal/porcelain crowns | X | | | | | |
| Porcelain (only) crowns | X | | | | | |
| Root Canals (endodontics) | | | | | | |
| Root canals on baby teeth (pulpotomies) | X | | | | | |
| Root canals on permanent teeth | X | | | | | |
| Gum (periodontal) therapy | | | | | | |
| | X | | | | | |



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| | Yes | Only with prior authorization | No | | | |
| Dentures | | | | | | |
| Partial dentures | X | | | | | |
| Complete dentures | X | | | | | |
| Bridges | X | | | | | |
| Orthodontics* | | | | | | |
| Retainers (orthodontic) | X | | | | | |
| Braces | | X | | | | SPA with CMS specifying criteria. Currently, not specific criteria beyond "medical necessity." |
| Oral surgery | | | | | | |
| Simple extractions | X | | | | | |
| Surgical extractions | X | | | | | |
| Care of abscesses | X | | | | | |
| Cleft palate treatment | X | | | | | |



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| | Yes | Only with prior authorization | No | | | |
| Cancer treatment | X | | | | | |
| Treatment of fractures | X | | | | | |
| Biopsies | X | | | | | |
| Treatment of jaw joint problems (TMJ) | | | | | | |
| | | X | | | | |
| Emergency room services provided by a dentist | | | | | | |
| | X | | | | | |
| Inpatient Hospital Services | | | | | | |
| | | X | | | | |
| Anesthesia | | | | | | |
| General anesthesia | | X | | | Must follow Occupational license guidelines | Medically Necessary |
| Intravenous conscious sedation | | | X | | | |
| Non-intravenous conscious sedation | | | X | | | |
| Analgesia (nitrous oxide) | X | | | | | |



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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).